ENVIRONMENTAL HEALTH & SAFETY
UNIVERSITY of WASHINGTON

Email Form | Reset Form

RADIATION PRODUCING DEVICES REGISTRATION

Date: _____

For new radiation producing devices, amendments, or renewal of registration, complete the below fields and return to Radiation Safety Office via email to radsaf@uw.edu or by clicking on the Email Form button in the form.

- ☐ New
- ☐ Amendment
- ☐ Renewal

I. OWNER'S INFORMATION

PI/Supervisor Name		PI's E-mail	
Department		Office #	
Contact person		E-mail	

II. LABORATORY SPACES AND RADIATION PRODUCING DEVICES(S) INFORMATION

RADIATION PRODUCING DEVICE(S) INFORMATION				
	1	2	3	4
Location/Building/Room #				
Beam Type				
Manufacturer				
Model				
Type of unit				
Primary Use of Device				
# of port				
Serial number				
Maximum Voltage (kV)				
Normal Operating Voltage (kV)				
Maximum Current (mA)				
Normal Operating Current (mA)				
Status				

III. DESCRIPTION OF PROJECT/PURPOSE OF THE RADIATION PRODUCING DEVICE(S)

Please describe the project or how the device is planned to be or is currently being utilized

Describe the type of shielding used and/or shielding design.

IV. TRAINED PERSONNEL

List all personnel (including applicant and contact person) whom will be working with radiation producing devices as authorized by this authorization.

Last Name	First Name	Does this person has received training and/or has experience with radiation producing device(s)		If yes, please provide previous experience or training with radiation producing devices.	
		YES	NO	Type of Equipment	Employer's/Trainer's Name
		☐	☐		
		☐	☐		
		☐	☐		
		☐	☐		
		☐	☐		

V. ACKNOWLEDGEMENT AND SIGNATURE

I hereby certify that the information provided above is true and accurate to the best of my knowledge. As the registered Principle Investigator of the said device, I will provide written notification to Radiation Safety of any deviations to the current information within ten (10) working days of the modification.

Applicant's Signature _____ Date _____